



**OFFICE OF PROFESSIONAL REGULATION
OF THE SUPREME COURT
APPLICATION FOR ADMISSION WITHOUT EXAMINATION**

**INSTRUCTIONS
READ BEFORE YOU BEGIN THIS FORM**

1) THREE OPTIONS AVAILABLE FOR COMPLETING THIS FORM:

- a. USING ADOBE ACROBAT:** If you have Adobe Acrobat (not Adobe Reader) you can complete and save your application on your computer in order to work at your own pace. Before you begin completing the application, you must save the file to a specific destination on your computer to enable you to complete the form in more than one sitting. If you do not do so, all information will be lost and you will be required to complete the form each time you open the link.
- b. USING ADOBE READER:** If you have Adobe Reader, YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Reader, you will not be able to save the application with entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. Once you fill out the application, you will be allowed to print it, but will not be allowed to save it. Note, as soon as you close the document, all information entered into the form will be lost. If you do not have Adobe Reader, click here (<http://get.adobe.com/reader/>) to download the latest version of Adobe Reader.
- c. PRINT AND HANDWRITE THE FORM:** If you do not have either Adobe Acrobat or Adobe Reader, you may print this document and fill it out by hand.

2) FILING THE APPLICATION: Once you have completed the form, double check to make sure that all fields are filled in. Print the completed form. Then, sign at the required fields in the presence of a notary public. Finally, mail or hand-deliver the completed application and the required fee to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319

3) APPLICATION FEE: Each applicant must remit a fee in the form of a check or money order made payable to the Board of Law Examiners. The fee is \$900. See Iowa Ct. R. 31.12(2). The fee is not refundable and cannot under any circumstances be applied to a subsequent application.

4) UPDATING THE APPLICATION: If any changes occur after the application is filed that affect the applicant's answers, the applicant must promptly amend the application by a letter or email to the Office of Professional Regulation.

5) APPLICATION STATUS: No receipt is sent to confirm arrival of your application package. For documentation, you may choose a delivery system which offers tracking and requires a signature for delivery. You may also file your application in person at the Office of Professional Regulation, 8:00 a.m. to 4:30 p.m. business days. You will be contacted in writing if further information is required.

~ DO NOT INCLUDE THESE PAGES WITH YOUR APPLICATION ~

OFFICE OF PROFESSIONAL REGULATION

APPLICATION FOR ADMISSION WITHOUT EXAMINATION

The contents of Sections A and B of the application will be public information subject to the limitations of Iowa Code section 602.10141.

Type all information on the online form or handwrite the information on a printed form. If any answer exceeds the space on the form, you may add a separate page as an attachment. Submit all attachments with this form. File completed form with the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319. Enclose application fee as a check or money order made payable to Board of Law Examiners. This fee is not refundable. All applicants **MUST** review the **INSTRUCTIONS** at the beginning of this form.

SECTION A

1. **FULL NAME:** _____
Last First Middle
2. **NAME AS IT SHOULD APPEAR ON CERTIFICATE OF ADMISSION TO THE IOWA BAR:**

3. **MAILING ADDRESS:** _____
Street Address or P.O. Box Number

City State Zip Code County
4. **CONTACT TELEPHONE NUMBER:** _____
5. **CONTACT EMAIL ADDRESS:** _____

SECTION B—REQUIRED DOCUMENTS AND APPLICATIONS

6. **FINGERPRINT CARD:** The required fingerprint card is included with this application.

☐ Yes

☐ No, but it will be submitted promptly

7. **ADMISSION TO PRACTICE:** List all jurisdictions, state and federal, in which you have been admitted to practice and give the date of admission to each. Use additional sheets if necessary.

JURISDICTION	DATE OF ADMISSION (MO/YR)

8. **CERTIFICATE OF GOOD STANDING:** Applicants admitted in other jurisdictions **MUST** submit from each state a current certificate of good standing. Normally the Clerk of Supreme Court in the admitting jurisdiction can provide this.

My certificate(s) of good standing: (Check one)

☐ is/are included with this application.

☐ has/have been requested and will be forwarded promptly.

9. **CERTIFICATE OF REGULAR PRACTICE:** Applicants **MUST** submit a certificate from a qualifying individual that provides the applicant was regularly engaged in the practice of law in a jurisdiction in which the applicant was licensed for at least five of the last seven years immediately preceding the date of the application. Qualifying individuals include clerks or judges of courts of record, judge advocate generals, and administrative law judges.

If, due to the nature of the applicant's practice, the applicant cannot obtain a certificate from an individual listed above, he or she must submit a petition to the court through the Office of Professional Regulation seeking leave to file an alternative certificate pursuant to Iowa R. Ct. 31.13(1)(b).

My certificate of regular practice: (Check one)

☐ is included with this application.

☐ has been requested and will be forwarded promptly.

NOTE: The certificate of regular practice should be submitted by affidavit or on the letterhead of the individual making the certification.

10. **ONLINE NCBE CHARACTER AND FITNESS APPLICATION:** Applicants **MUST** file an online character and fitness application with the National Conference of Bar Examiners (NCBE) and pay the separate investigative fee.

I have submitted an online character and fitness application to the National Conference of Bar Examiners: (Check one)

☐ Yes.

☐ I will do so within the next ten days.

SECTION C: CONFIDENTIAL

11. **SOCIAL SECURITY NUMBER:** _____ - _____ - _____

Providing your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, providing it assists in expediting the character review process. Your social security number will be used for purposes of investigation and verification, so as to avoid errors of identity which might introduce problems and delays into the certification and licensure process.

12. **OTHER EMAIL ADDRESS:** _____

13. **OTHER TELEPHONE NUMBER:** _____

14. **DRIVER'S LICENSE:** _____
State Number

15. **RESIDENCE ADDRESS:** _____
Street Address or P.O. Box Number

City State Zip Code County

SECTION D

STATE OF _____)
COUNTY OF _____)

Under penalty of perjury, I do hereby make the foregoing application. I have read the questions and have answered them completely and truthfully. I have not omitted any information that might have a bearing on my application. I understand that if any changes occur after the application is filed which affect my answers, I must amend my application in writing to the Office of Professional Regulation. I understand that this is a continuing obligation throughout the pendency of my application, and that any inaccurate, misleading, or incomplete statements, or any failure to update promptly any aspect of this application, may result in denial of this application and other disciplinary sanctions.

I certify the following:

- I have not failed a bar examination administered in Iowa within five years of the date of filing this application.
- I have not failed five or more bar examinations administered in any jurisdiction or combination of jurisdictions.
- I do not have an Iowa law license in exempt or inactive status.
- I have not been disbarred and not reinstated in any other jurisdiction.
- My license is not currently suspended in any other jurisdiction.

I agree to furnish such further information as may be required by the Iowa Board of Law Examiners to complete its investigation.

I hereby designate the Clerk of the Supreme Court as my agent for service of process in Iowa for all purposes.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20 ____.

(Notary Seal)

Notary Public for

State of _____

RELEASE

I, _____, authorize the Iowa Office of Professional Regulation and the Board of Law Examiners and its agents or representatives to acquire from any source, any information they may request concerning my professional, academic, and character qualifications, which information may include without limitation, confidential reports, files, records, documents, and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceeding.

I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to receive a copy of any character report submitted on me or to know its contents.

I also authorize and request every person, firm, company, corporation, governmental agency, court, bar association, law enforcement agency, medical facility, or other institution having control of any documents, records, and other information pertaining to me, to furnish to the Office of Professional Regulation and the Iowa Board of Law Examiners or their agents or representatives, any such information, including documents, records, medical files, and bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data.

I further authorize the National Conference of Bar Examiners, or other reporting agency, to submit to the Office of Professional Regulation and the Iowa Board of Law Examiners its character report on me, and I fully understand and agree that I shall not have access to said report or to any other confidential reports and other information, except as the Supreme Court of Iowa or the Iowa Board of Law Examiners shall permit.

I hereby release, discharge, and exonerate the Iowa Office of Professional Regulation, the Iowa Board of Law Examiners, the National Conference of Bar Examiners, all other bar associations and any other persons furnishing information, and their agents, members, and representatives, from any and all liability of every nature and kind, in connection with the investigation into my background, the furnishing or inspection of files, documents, records, and reports relating to my character and other qualifications for admission to the Iowa State Bar and the submission of a character report on me.

I acknowledge that I have read and am aware of the contents of the relevant Statutes of the Iowa Code, the Supreme Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

Signature

STATE OF _____)
COUNTY OF _____)

I, _____, being first duly sworn, depose and state: I am the person above named. The above signature was written by my own hand. My answers to the foregoing questions are full, true, and correct to the best of my knowledge and belief.

Signature of Applicant

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(Notary Seal)

Notary Public for
the State of _____

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